



1. Is the SIS® considered to be an adaptive behavior scale used as a diagnostic tool?
  - No – The SIS® measures a person’s support needs to be successful in a variety of activities across their day and cannot be used as a diagnostic tool. The publishers of the SIS® clearly indicate that the tool was not designed or conceptualized as a tool for diagnosing intellectual or developmental disabilities. Rather, it reflects the intensity of supports needed.
2. If scores in Sections 2 & 3 change, can we reassess just these areas as they are likely to change more frequently?
  - The SIS® is completed in its entirety and individual sections are not assessed in isolation. If an individual’s total support needs change substantially, providers can submit a request for a new SIS® to be done. Requests for new SIS® interviews will be granted only when there are clear indications of substantive changes in the individual’s supports needs.
3. What is the difference between SIS® percentile scores and SIS® standard scores?
  - SIS® percentile scores reflect the percent of persons with IDD whose support needs would likely be *less intense* than the individual’s support needs. For example, an individual whose percentile score on the home living domain was 76, would likely need more supports with home living activities than 76% of persons with IDD.
  - The SIS® also calculates standard scores across each of the 6 everyday living domains. These scores are normed in such a way that the average score on each domain across all persons with IDD is 10 (with a standard deviation of 3).
  - The SIS® also provides an overall SIS® Index Score that reflects the individual’s relative overall need for supports compared to other persons in the norming sample. This score is calculated in such a way that the average Index score across all persons with IDD is 100 (with a standard deviation of 15).
4. Does the SIS® consider therapy or medical documentation (i.e. staff instructions for mealtime, transfer/mobility plans put in place by physical therapy, dental reports, etc.).
  - No - The SIS® utilizes information provided by a minimum of two people who know the person well and can speak to their day-to-day support needs. The SIS® interviewer will require that respondents thoroughly explain or describe the nature of the supports needed for the individual to be successful. *Staff Instructions for Mealtime* (a.k.a. “dining plan”) is a static document that may not capture all that a person currently experiences when eating a meal. This is true of other therapeutic/medical plans/documentation. This information is best communicated to the assessor by the family/staff that work with the person day to day and who are familiar with the individual and the support plans developed by therapists and other medical professionals.
5. What does it mean to say the SIS® measures “success”? What is “success” in SIS® terms? Does the SIS® measure the supports the person is getting? Would the SIS® measure supports needed to do an activity even if the individual chooses not to be involved in the activity?

- The SIS® measures the supports an individual needs to be successful at various everyday life activities. “Success” in relation to the SIS® is best defined as: *The support needed for the person to be **engaged as fully as possible in the activity and to complete the activity like others his/her age would complete the activity.** This includes supports needed to do each task as well or as often as the individual’s typically developing peers in the community.*
  - The SIS® measures what supports it would take for the person to be engaged in the full range of activities of everyday living. Rather than looking at supports the individual currently gets, or what activities the individual currently does, or what activities the individual is currently interested in doing, the SIS® measures the supports the individual would need to participate in each and every activity included on the SIS®. These items represent the full range of activities that comprise a typical active life in the community. This means that the SIS® measures the supports that would be needed to complete even tasks that the person is not interested in doing right now.
6. What if a person is 80 years old? Does the SIS® still want information on the supports the individual would need to be competitively employed in a 40 hour a week work setting?
    - Yes, the intent of employment items is to measure the intensity of supports the individual would need to be competitively employed in a full time job. This section measures these supports whether or not the individual would currently choose to work competitively or full time.
  7. Does the SIS® effectively capture the support needs of individuals who are able to function independently in most domains, but require intense supervision due to potentially harmful behavior (i.e. sexual offenders, people at risk of suicide, people at risk of property destruction, etc.)?
    - While it is not standardized nor does it factor into the overall score, Section 3B, *Behavioral Supports Needed*, considers potentially harmful behaviors over 4 domains,
      - Externally Directed Destructiveness
      - Self-Directed Destructiveness
      - Sexual
      - Other
  8. Will agency staff get an assessment booklet that they can write in and keep for their records during the assessment?
    - No. Agencies will be faxed a copy of the SIS® Summary Report to keep for their records. The SIS® Summary Report includes a detailed accounting of item by item scoring as well as summary score calculations. During the interview, respondents can use a copy of the SIS® booklet as an aide to follow along with the assessors’ explanations of each item’s intent. However, assessors are required to gather these materials at the end of the interview, to be used again for subsequent interviews.
  9. If errors are found by the Quality Coordinators, how might that skew the assessment results?
    - Any time more than three ratings are questioned by the Quality Coordinator and the assessor agrees that changes are warranted, the assessor will contact the primary respondent and discuss any changes to the assessment before they are made and the assessment faxed to the agency.
  10. Will all scores be agreed upon by respondents at the meeting?

- It is an important tenet of the SIS® that scoring decisions are transparent. This means that the assessor will let the respondent group know the score that is being recorded for each item on the assessment.
  - It is always the goal of the assessor to assist respondents in talking and thinking through the many factors that are considered when deciding on a rating for a particular question. Assessors are trained on how to appropriately facilitate meetings and help respondents reach consensus.
  - Professional judgment is required by AAIDD as the final arbiter of scoring.
  - However, the assessor must contact the primary respondent any time 3 or more ratings on the SIS® are changed.
11. Can four (4) staff attend the assessment with the person being assessed in attendance and one staff leave to take the individual should he/she not wish to remain through the entire assessment?
- Yes. Please note, at least two respondents who know the person well are required to conduct a SIS® interview and must be present throughout the entire assessment. Given the nature of the SIS®, it is not recommended that respondents stay for only a portion, with the exception that an additional staff person (above and beyond the minimum two) may attend with the person so that the person has a means by which to leave the assessment if they so choose.
12. Is the data from Section 3 included in the overall score?
- No. Section 3 was not norm-referenced and is not considered in the overall score. However, this section is most vital in helping the planning team to better understand and plan for the person's needs. This section influences ratings throughout Sections 1 and 2, as high medical and/or behavioral support needs will result in greater support needs throughout a person's day. Furthermore, even the best assessment will fail to capture the support needs of approximately 3% – 5 % of the population being assessed. Barbara DeBerry, Director of Residential Services, stated that DIDD will consider Section 3 when determining funding rates once the SIS® is tied to funding.
13. Who should agencies contact to notify of staffing changes at the agency (i.e. SIS® liaison)?
- Holly Wood, IDD Division Manager, Ascend Management Innovations, [hwood@ascendami.com](mailto:hwood@ascendami.com), 615 620-3421, or 877 431-1388 x3334
14. Will the website look the same where *Authorized DIDD users* can view the results of SIS® interviews the same as they have viewed the results of ICAP assessments?
- It is likely that the SIS® report will be available on the website at some time. However, accomplishing this requires an orderly development of complex data sharing mechanisms between the publisher of the SIS®, Ascend, and DIDD.
15. Who employs assessors and do they do the SIS® assessments full-time?
- Ascend Management Innovations, an independent vendor contracted by DIDD, recruits, trains, and provides intensive quality measurement and oversight for all SIS® assessors. Training to be certified to conduct the SIS® typically takes 3 weeks and includes intensive classes, interview practicing with a coach and finally, testing on SIS® skill and ability. SIS® assessors determine their own interview calendars and schedules. Most conduct numerous SIS® assessments each week.
16. When will agencies get a copy of the SIS® Summary report?
- Typically, agencies can expect to receive summary reports within 2-3 weeks of the interview date.

- All SIS® assessments receive an in-depth quality review from Ascend Quality Coordinators who check the entire SIS® item set for incongruencies, missed ratings, grammatical errors, etc. prior to faxing SIS® Summary reports to the agencies/ISCs.
17. Will we still complete the *Level of Needs (LON) Exceptions Form*?
- No, The *LON Exceptions Form* was designed to request an exception to the ICAP Estimated LON Level if provider agencies felt that the ICAP result did not capture the breadth of support needs across the person's day due to exceptional medical or behavioral support needs. Once the ICAP is retired as a DIDD uniform assessment tool, there will be no need to contest scores on the ICAP. Therefore, the *LON Exception Form* will no longer be used. An exceptions process and associated forms will be developed by DIDD once a mechanism to tie SIS® results to an estimated LON is developed and implemented.
18. Are there any plans to monitor or require agencies to use the SIS® when developing the ISP?
- Not at the time of this FAQ. While the SIS® is an excellent tool to help facilitate Person Centered Planning, agencies are not at this time required to refer to the SIS® when developing individual support plans or conducting ISP meetings. As Julie Ferrara, DIDD Assistant Commissioner, explains: Quality Assurance teams will not issue deficiencies even when there is no documentation that agencies utilized the SIS® results when conducting ISP meetings. To quote: "This is not a gotcha." – *Julie Ferrara*
19. Is the SIS® required or can agencies choose to continue with the ICAP instead?
- Currently use of the ICAP is being phased out. DIDD has determined a schedule for orderly phase out of the ICAP assessment. Individuals slated on this schedule for an ICAP will receive an ICAP. Individuals slated for a SIS® assessment must receive a SIS® assessment. Agencies may not request an ICAP in lieu of a slated SIS® assessment. DIDD has determined a transition schedule by which use of the ICAP for assessments will end no later than June 30, 2013.
20. Will the SIS® be scheduled in-line with the ISP planning meeting if it is to be used as a planning tool by the planning team?
- No. SIS® assessments and results will not formally be tied to the planning process at this time. Therefore, the SIS® assessment date will not formally be tied to an ISP date at this time.
  - The SIS® will be conducted every three years (as opposed to every 2 years for the ICAP). Every person currently enrolled in HCBS Waiver services will likely have an initial SIS® assessment by 12/31/2015.
21. Why have some persons received both an ICAP and a SIS® assessment within a few months of each other?
- Five hundred persons served by DIDD were randomly chosen to participate in an initial pilot study comparing assessment results from both the ICAP and the SIS®. The pilot study will be complete by the end of the first quarter in 2013.
22. Can agencies get a single summary of SIS® results for all the people supported by their agency?
- This is in development and providers will be notified when functionality is available. We do not yet have a timeframe for when this will be.
23. How many states have adopted the SIS®?

- Twenty-two (22) states plus the District of Columbia are currently using the SIS® in some capacity.

24. Will AAIDD periodically update their standardized sample and scores?

- Yes, AAIDD has indicated that they are likely to do so.